2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L77506

1. Entity Name
VIVIAN I. POSADA, P.A.

Principal Place of Business	Mailing Address
8600 S.W. 92ND STREET	8600 S.W. 92ND STREET
SUITE 104	SUITE 104
MIAMI, FL 33156	MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0199802	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POSADA, VIVIAN
8305 S.W. 103RD STREET
MIAMI, FL

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000495624
04/21/06-80016-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	POSADA, VIVIAN
STREET ADDRESS	8305 S.W. 103RD STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   04/04/06   (305)595-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #